

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	WS-106
First Named Inventor	Scott Goldthwaite
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	3/25/2004
Art Unit	
Examiner Name	

As the below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM AND METHOD FOR SECURELY STORING, GENERATING,  
TRANSFERRING AND PRINTING ELECTRONIC PREPAID VOUCHERS**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>	Customer Number or Bar Code Label	000027769	OR <input type="checkbox"/>	Correspondence address below
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AKC PATENTS, Aliko K. Collins, Ph.D.

Name

Address 215 Grove Street

Newlon City	MA State	02466 ZIP
USA Country	617-558-5389 Telephone	617-332-0371 Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

Given Name SCOTT (first and middle [if any])	Family Name or Surname GOLDTHWAITE
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Inventor's Signature 	Date 3/23/2004		
Hingham Residence: City	MA State	USA Country	US Citizenship

Mailing Address 15 Oregon Court

Hingham City	MA State	02043 ZIP	USA Country
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name DAMIEN (first and middle [if any])	Family Name or Surname BALSAN
--	-------------------------------

Inventor's Signature 	Date 03.23.04		
Arlington Residence: City	MA State	USA Country	FRANCE Citizenship

Mailing Address 78 Melrose Street

Arlington City	MA State	02474 ZIP	USA Country
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Additional inventors are being named on the        supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

PTO/SB/81 (09-03)

Approved for use through 11/16/2005. OMB 0551-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	3/25/2004
First Named Inventor	Scott Goldthwaite
Title	System and Method for Securely
Art Unit	
Examiner Name	
Attorney Docket Number	WS-106

I hereby appoint:

 Practitioners associated with the Customer Number:

000027769

OR

 Practitioner(s) named below:

Name	Registration Number
Aliki K. Collins, Ph.D.	43558

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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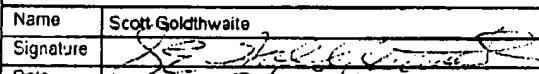
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OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Scott Goldthwaite
Signature	
Date	3/23/2004
	Telephone 781-749-7019

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input type="checkbox"/> Total of <u>2</u> forms are submitted.
---

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SD/87 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	3/25/2004
First Named Inventor	Scott Goldthwaite
Title	System and Method for Securely
Art Unit	
Examiner Name	
Attorney Docket Number	WS-106

I hereby appoint:

 Practitioners associated with the Customer Number:

000027/69

OR

 Practitioner(s) named below.

Name	Registration Number
Aliki K. Collins, Ph.D.	43558

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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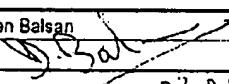
 The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/56)**SIGNATURE of Applicant or Assignee of Record**

Name	Damien Balsan		
Signature			
Date	03.23.04	Telephone	701 646 2012

NOTE: Signatures of all the inventors or assignees of record of the entire interest (or their representatives) are required. Submit multiple forms if more than one signature is required; see below.

<input type="checkbox"/> Total of <u>2</u> forms are submitted.
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